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## TELECOPIER COVER SHEET

JAN 17 2006

January 17, 2006

<b>To: Assistant Commissioner for Patents</b>	<b>From: Estella Pineiro Patent Administrator 818-493-2251</b>
<b>Attention:</b>  <b>TECHNOLOGY CENTER 3700</b>  <b>Examiner: Tammie K. Heller Art Unit: 3762</b>	<b>ST. JUDE MEDICAL CRMD</b> 15900 Valley View Court Sylmar, California 91392-9221
<b>Telecopier: 571-273-8300</b>	<b>Telecopier: 818/362-4795</b>
<b>RE: Filing of Amendment After Final</b>  App. No.: 10/823,427 Filed: 04/12/2002 Docket No.: A04P1032  <b>Confirmation No. 4017</b>	<b>Number of pages being sent:</b> <u>12</u> (Including cover page)

**PLEASE DELIVER TO EXAMINER TAMMIE K. HELLER, Art Unit 3762.**  
**Thank you.**

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PATENTIN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Mark W. Kroll

Confirmation No.: 4017

Serial No.: 10/823,427

Examiner: Tammie K. Heller

Filed: 04/12/2004

Art Unit: 3762

Docket No.: A04P1032

For: IMPLANTABLE DEVICE THAT DIAGNOSES ISCHEMIA AND  
MYOCARDIAL INFARCTION AND METHOD

TRANSMITTAL LETTER, FEE AND CERTIFICATE OF MAILING

Mail Stop Amendment (AF)  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Submitted herewith for filing are the following documents:

X Amendment After FinalX Transmittal Letter, Fee and Cert. of Mailing

CALCULATION OF FEES						
ITEM		NO. OF CLAIMS REMAINING AFTER AMENDMENT	NO. OF CLAIMS PREVIOUSLY PAID FOR	ADD'L CLAIMS FILED	LARGE ENTITY FEE	\$ FEE
A	TOTAL CLAIMS FEE	22	22	0	X \$ 50	\$ 0
B	INDEPENDENT CLAIMS FEE**	7	3	4	X \$200	800
C	MULTIPLE- DEPENDENT				X \$ 360	0
D	EXTENSION OF TIME FEE — 1-mon: \$120; 2-mon: \$450; 3-mon: \$1,020; 4-mon: \$1,590; 5-mon: \$2,160					0
E	ADDITIONAL FEES (i.e., Surcharge – Late Fee- Declaration; Petitions; Information Disclosure Statement; Terminal Disclaimer, etc.) Specify:					0
F	<b>TOTAL ADDITIONAL FEE**</b> (ADD TOTALS FOR LINES A,B,C,D, and E)					<b>\$800**</b>
<u>X</u>	Charge Deposit Account No. <b>16-0068</b> the amount of <b>\$800**</b>					A copy of this letter is enclosed.

**PATENT**

X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-0068

X Any additional filing fees required under 37 CFR 1.16.

X Any patent application processing fees under 37 CFR 1.17.

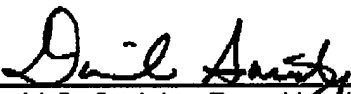
X The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. 16-0068

X Any patent application processing fees under 37 CFR 1.17.

X Any filing fees under 37 CFR 1.16 for presentation of extra claims.

Respectfully submitted,

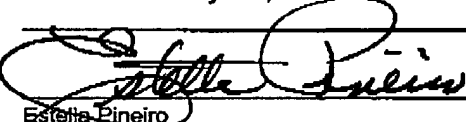
Date: 17 JAN 2006

  
\_\_\_\_\_  
David S. Sarisky, Reg. No. 41,288  
Attorney for Applicant  
818-493-3369

**CUSTOMER NUMBER: 36802**

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on:

January 17, 2006

  
\_\_\_\_\_  
Estelle Pineiro  
Date 1/17/06

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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<b>Applicant:</b> Mark W. Kroll	<b>Confirmation No.:</b> 4017
<b>Serial No.:</b> 10/823,427	<b>Examiner:</b> Tammie K. Heller
<b>Filed:</b> 04/12/2004	<b>Art Unit:</b> 3762
<b>Docket No.:</b> A04P1032	
<b>For:</b> IMPLANTABLE DEVICE THAT DIAGNOSES ISCHEMIA AND MYOCARDIAL INFARCTION AND METHOD	

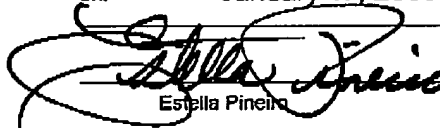
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AMENDMENT AFTER FINAL

Mail Stop Amendment (AF)  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

I hereby certify that this correspondence is being facsimile  
transmitted to the United States Patent and Trademark Office

on: January 17, 2006

  
Estella Pineiro Date 1/17/06

Dear Sir:

In response to the Office Action mailed November 18, 2005, please amend the  
above-identified application as follows:

01/18/2006 EAYALEW1 00000086 160068 10823427

01 FC:1201 800.00 DA

Serial No. 10/823,427

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Docket No. A04P1032